STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

July 16, 1990

ALL COUNTY LETTER NO. 90-63

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: TRANSITIONAL CHILD CARE (TCC) NOTICE OF ACTION FOR TCC PROVIDERS AND TCC REPAYMENT AGREEMENT

REFERENCE: ALL COUNTY LETTER NO. 90-29, DATED MARCH 22, 1990

The purpose of this letter is to provide you with:

- Notice of action (NOA) messages (M47-190C and M47-190D) for use in notifying TCC providers of an overpayment.
- A sample copy of the TCC Repayment Agreement (TCC 83) (7/90).
- The form instructions for the TCC Repayment Agreement for worker information.

TCC Provider NOAs

The attached two NOA messages, M47-190C and M47-190D, are provided and can be filed in the Aid to Families with Dependent Children (AFDC) NOA handbook. Copies in the five standard languages will follow under separate cover as soon as they are available. The M47-190C message shall be used to notify TCC providers that they have received an overpayment and that their TCC payment will be reduced each month until the amount owed is paid back. The M47-190D message shall be used to notify former TCC providers that they received an overpayment while providing TCC services and must repay the overpayment.

TCC Repayment Agreement

The TCC Repayment Agreement has been developed to provide an effective legal tool to collect overpayments in the TCC program. The form includes language that informs the client of the consequences they face if they do not pay in accordance with their signed agreement and also provides for the overpayment balance to become due and payable immediately upon termination of program eligibility unless the TCC family or provider enters into a new repayment agreement with the County.

The TCC Repayment Agreement will not be stocked in the State Department of Social Services (SDSS) warehouse. Counties may request a reproducible copy in English by contacting the SDSS Forms Management Unit at the address below.

Form Instructions

Separate form instructions for the TCC Repayment Agreement are attached for worker instructions.

Foreign Translations

The repayment agreement will be translated into the five standard languages; Cambodian, Chinese, Lao, and Vietnamese versions will be provided in reproducible copies. These translated versions will be sent out under separate cover as soon as available. However, a reproducible copy in Spanish must be requested from the SDSS Forms Management Unit.

Counties should implement the use of this repayment agreement as early as possible but no later than September 1, 1990. To obtain a reproducible copy of the English and/or Spanish versions, telephone or write to:

SDSS Forms Management Unit
744 P Street, MS 7-182
Sacramento, CA 95814
Telephone: (916) 322-8738 or
ATSS 492-8738

To obtain a reproducible copy of the Cambodian, Chinese, Lao, or Vietnamese translations, telephone or write to:

SDSS Language Services
744 P Street, MS 14-25
Sacramento, CA 95814
Telephone: (916) 323-9562 or
ATSS 473-9562

If you have any questions regarding the NOA messages or the TCC Repayment Agreement, please contact Mr. Cary Lemos of the Overpayment Recovery Bureau at (916) 322-5387 or ATSS 492-5387.

ROBERT A. HOREL
Deputy Director

Attachment

cc: CWDA

Form Instructions
(for CWD)

TCC Repayment Agreement

Purpose:

The TCC Repayment Agreement is to be used by the County to secure a written repayment agreement with an individual or provider who received TCC monies they were otherwise not entitled to receive.

Note: The CWD should attempt to contact the individual or provider to discuss the terms of repayment prior to sending the first TCC Repayment Agreement.

Preparation:

Complete an original and three copies of the TCC Repayment Agreement. Additional copies may be required by the County's Internal system. Enter the following identifying information:

- Case Number
- Worker
- Name of individual or provider against whom collection action is initiated
- Case name
- Address

Terms and Conditions:

Under the section labeled "Terms and Conditions" check the appropriate box for Item 2 to indicate if the client's payment reduction will be 20% or if the client needs to contact the County about the amount to be reduced.

Check the box in Item 4 if the terms of repayment are court ordered. Complete the court ordered repayment method (lump sum, monthly payment reduction, or monthly cash installment payment) in the agreement section to reflect the court ordered terms before sending the repayment agreement to the client.

In the space provided following Item 4, enter the telephone number the client can call if he/she has any questions about the agreement.

Agreement:

Under the "Agreement" section enter the individual or provider's name, the County name, and the amount to be repaid in the spaces provided.

If the CWD was able to contact the individual and establish the terms of the repayment, check the appropriate box(es) under the repayment options that represent the agreed-upon repayment method and enter the agreed-upon amounts and dates.

If the CWD was unable to contact the individual or is unable to establish the terms of repayment, do not enter any information in the agreement section under the repayment options.

Initial Distribution:

The County should send the original and two copies to the client to sign along with a return envelope. The third copy is retained by the CWD pending receipt of the signed and returned agreement.

County Section:

When the signed agreement is returned by the client and the County determines that the terms are acceptable as specified by regulation, or court order, enter the following information in the section marked "To be completed by the County":

- Name of the County official accepting agreement
- Date
- Name of County
- Address where payments should be made
- Signature of authorized County official

Final Distribution:

The original is filed in the County unit responsible for collections and one copy, showing the County's acceptance of the agreement, is provided to the individual. The second signed copy is to replace the pending copy. Additional copies should be distributed as required by individual County needs.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
_____
_____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

While you provided Transitional Child Care (TCC) services for _____ you were overpaid. Though you no longer provide TCC services, you owe us for your overpayment. The amount of your overpayment is $_____ and is due now.

The following shows the TCC money you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Month		_____	_____	_____
TCC Paid	$	_____	_____	_____
Less Correct TCC	–	_____	_____	_____
Overpayment Amount	$	_____	_____	_____
Total Overpayment Amount	$	_____		

Since you no longer get TCC monies, you must pay back the overpayment or show the County your plan for paying it back before _____. If you do not, the County will take action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.

If you have any questions call _____.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. Since you no longer provide Transitional Child Care services and you have an overpayment the County may take what you owe out of your state income tax refund.

RULES: These rules apply. You may review them at your welfare office: MPP 47-190.1, 47-190.2, 47-190.4

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:	1-800-952-5253
If you are deaf and use TDD call:	1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's why: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I will bring this person to the hearing to help me (name and address, if known):

_____

_____

_____

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My signature _____

Date: _____

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
_____
_____

(ADDRESSEE)

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County will lower the Transitional Child Care (TCC) money paid to you by $_____.

While providing TCC services for _____ you were overpaid $_____. You should have been paid $_____ of TCC money, but you got $_____.

The following shows the TCC money you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Month	_____	_____	_____
TCC Paid	$_____	_____	_____
Less Correct TCC	−_____	_____	_____
Overpayment Amount	$_____	_____	_____
Total Overpayment Amount	$_____		

Your monthly TCC payment (s) will be lowered each month, until the amount you owe is paid back. If you decide to stop TCC services to the above client, before your overpayment is paid back, then you must inform the County how you plan to repay, otherwise the County will take action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County's name on it.

If you have any questions call _____.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you stop Transitional Child Care services before paying back this overpayment, the County may take what you owe out of your state income tax refund.

RULES: These rules apply. You may review them at your welfare office: MPP 47-190.1, 47-190.2, 47-190.3

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:	1-800-952-5253
If you are deaf and use TDD call:	1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's why: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I will bring this person to the hearing to help me (name and address, if known):

_____

_____

_____

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My signature _____

Date: _____

STATE OF CALIFORNIA – HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

TRANSITIONAL CHILD CARE (TCC) REPAYMENT AGREEMENT

CASE NUMBER

WORKER

NAME

CASE NAME

ADDRESS

TERMS AND CONDITIONS

You must repay what you owe by the method(s) listed below:

1. Lump Sum Payment - You may repay with cash all or part of what you owe.

2. Payment Reduction - If you get TCC payments, you may repay by having your payments reduced. Repayment by this method will be based on:

   ☐ 20% of your monthly payment

   ☐ Talk to us about the amount to be reduced.

3. Installments - You may repay with cash what you owe by monthly payments.

4. Court Ordered Repayment

   ☐ The court ordered that you repay as shown below These repayment terms cannot be changed.

If we have not talked to you about the terms of this Agreement, or if you have any questions, please call us at_____.

After you complete and sign this Agreement, return all copies to the County in the envelope provided. Do not send cash with this agreement. When approved by the County, a signed copy of this agreement will be sent to you.

AGREEMENT

I, _____, understand this Agreement is between _____County and me because extra TCC money in the amount of $ _____ was paid. I agree to repay this amount by by the method(s) checked below:

☐ Lump Sum Payment
I will repay by a lump sum cash payment of $ _____ due on _____.

☐ Monthly payment reduction
I will repay by having my TCC payments reduced by $ _____ each month, beginning _____.

☐ Monthly Cash Installment Payments
I will repay by monthly cash payments of $_____ due on the first day of each month beginning _____.

I also understand and agree that:

1. My repayment plan is based on my current ability to pay as figured by the County. Any changes in my ability to pay may change my monthly payments._____ Initials
2. If anything changes, I may ask the County to refigure the terms checked above._____ Initials
3. If I do not pay as agreed or if I no longer get any TCC and I do not get a new payment plan, the County may ask for the total amount owed._____ Initials
4. I understand that if I do not pay back the County as I have agreed, they can sue me to recover the amount owed, even if i is beyond the three-year time limit in the law._____ Initials
5. If I do not pay as agreed and the County sues me to collect the amount owed, I may have to pay collection costs, attorney fees court costs, and interest._____ Initials
6. If I do not pay, the County may take my state income tax refund and/or ask the court to attach my wages or any property own._____ Initials

Signature Date County

To be completed by the County:

The above signed Agreement has been accepted by _____ on _____ Date

for _____ County. Payments should be made at:

_____
(Signature of Authorized County Official)